

PDD Program Responsible Party Line Therapist Daily Log

PDD Consumer's Name _____ Medicaid # _____

Line Therapist's Name _____

Responsible Party's Name _____

Daily Log of Line Therapy services for week beginning _____ through _____

DAILY TASK	S	M	T	W	TH	F	ST	S	M	T	W	TH	F	ST
Write in dates														
Implement intervention developed by the EIBI Consultant														
Review notebook to determine specific goals to be addressed.														
Present specified stimulus to child to elicit target response.														
For each target area, state instruction and prompt consumer through correct response.														
When appropriate, provide reinforcement to promote learning.														
For each targeted skill, maintain data that reflects correct vs. incorrect responses or rate and/or duration of occurrences of the behavior.														
For each drill within the program, transfer raw data to graph to demonstrate cumulative progress.														
Other														

*****DON'T FORGET TO PUT AM OR PM BESIDE YOUR TIMES IN AND OUT*****

Day	Date	1 st Time In	1 st Time Out	2 nd Time In	2 nd Time Out	Total # Hours	Biweekly Summary of Participant's Condition
Sun							
Mon							
Tues							
Wed							
Thur							
Fri							
Sat							
Sun							
Mon							
Tues							
Wed							
Thur							
Fri							
Sat							
TOTAL # OF HOURS FOR 14 DAYS							

Therapist's Signature: _____	Date: _____
The above Therapist completed the specified duties with satisfaction: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Responsible Party's Signature: _____	Date: _____

SAMPLE